



MISSOURI DEPARTMENT OF REVENUE
DRIVER AND VEHICLE SERVICES BUREAU
P.O. BOX 200, JEFFERSON CITY, MO 65105-0200

PHONE: (573) 751-4833
FAX: (573) 522-6062

FORM

4462


(REV 3-03)

SUBSTANCE ABUSE TRAFFIC OFFENDER COMPARABLE PROGRAM COMPLETION

I. OFFENDER INFORMATION

NAME (LAST, FIRST, MI)			SOCIAL SECURITY NUMBER	
STREET ADDRESS			TELEPHONE NUMBER ()	
CITY	STATE	ZIP CODE	DATE OF BIRTH	
DRIVER LICENSE NUMBER	STATE WHERE LICENSE ISSUED		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
NAME OF PROGRAM		LOCATION (STREET, CITY, STATE, ZIP CODE)		

II. COMPLETION INFORMATION (IN ACCORDANCE WITH SECTION 302.540, RSMo 1994, RULE AND REGULATION 12 CSR 10-24.040.)

THE ABOVE PERSON'S INDIVIDUAL NEEDS WERE ASSESSED AND THE FOLLOWING TREATMENT RECOMMENDED	DATE COMPLETED	
<input type="checkbox"/> A. FIRST LEVEL: A 10 to 15 hour education course which is designed to assist first-time offenders in understanding the choices they made that led to their intoxication and arrest. Education must include ways to take responsibility for actions, relate the course to their lives, and make changes in their thinking, belief, and behavior.		
<input type="checkbox"/> B. SECOND LEVEL: A program designed primarily for repeat offenders or "high risk" first-time offenders with intensive education and counseling intervention methods throughout with at least 48 continuous hours of structured activities. Activities must be designed to encourage the offender to confront his or her harmful behavior and take responsibility for his or her life. The program must be conducted in a restrictive environment.	DATE COMPLETED	
<input type="checkbox"/> C. THIRD LEVEL: A program consisting of intensive outpatient counseling for 3-6 weeks based on the needs of the persistent or "high risk" offender. Each offender must participate in and complete a minimum of 50 total hours of treatment activity consisting of individual counseling, group counseling and group education at a certified treatment facility. Ten hours of the required 50 hours must specifically address driving under the influence (DUI) and driving while intoxicated (DWI) issues. These programs must be certified by the appropriate agency in the state in which they are conducted and/or accredited by the Joint Commission on Accreditation of Health Care Organizations (JCAHO).	DATE COMPLETED	
<input type="checkbox"/> D. FOURTH LEVEL: A minimum of 200 treatment hours of either hospitalization and/or outpatient counseling for persons with alcoholism and/or drug abuse prior to or in conjunction with the assessment. These programs must be accredited by the appropriate agency in the state in which they are conducted and/or the Joint Commission on Accreditation of Health Care Organizations (JCAHO), the Joint Commission of the Accreditation of Rehabilitation Facilities (JCARF), or the American Osteopathic Association (AOA).	DATE COMPLETED	
<input type="checkbox"/> OTHER: Describe content of program, assessment and treatment and attach documentation.	DATE COMPLETED	
I hereby certify the above individual completed the required treatment program in accordance with the professional assessment of his/her individual needs and the program completed is comparable to the following level: 	COMPARABLE LEVEL COMPLETED	DATE COMPLETED

III. AUTHORIZATION SIGNATURE

I further certify that I am an authorized representative of the program/organization listed below and am authorized to complete this form.		
SIGNATURE (MUST BE SIGNED)		DATE
NAME OF PROGRAM/ORGANIZATION		
STREET ADDRESS		TELEPHONE NUMBER ()
CITY	STATE	ZIP CODE

IV. ACCREDITATION

THIS PROGRAM IS CERTIFIED BY THE STATE OF, <input type="checkbox"/> MISSOURI <input type="checkbox"/> OTHER	DEPARTMENT/DIVISION
THIS PROGRAM IS ACCREDITED BY <input type="checkbox"/> JCAHO <input type="checkbox"/> AOA <input type="checkbox"/> JCARF <input type="checkbox"/> OTHER	IF OTHER, DEPARTMENT/DIVISION
ADDRESS	TELEPHONE NUMBER ()

The Missouri Department of Revenue reserves the right to reject any certificate submitted for a comparable SATOP program if for any reason the program is not deemed comparable.

REINSTATEMENT REQUIREMENTS

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A person whose driving privilege is suspended or revoked for an administrative alcohol offense may have his/her driving privilege reinstated when the Driver and Vehicle Services Bureau, Post Office Box 200, Jefferson City, MO 65105-0200, (573) 751-4833 receives the following:

1. A certificate of completion from a Substance Abuse Traffic Offender Program certified by the Department of Mental Health or a comparable program approved by the Director of Revenue.
2. A \$45 reinstatement fee.
3. Proof of financial responsibility, commonly filed by an insurance company's SR-22 certification for liability coverage.

Note: When sending your reinstatement requirements, please include your full name, address, date of birth and driver license number.